

FILED APR 10 1946

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 87

1. PLACE OF DEATH:

(a) County: Cape Girardeau  
(b) City or town: Cape Girardeau Mo.  
(c) Name of hospital or institution: South East Mo. Hospital  
(d) Length of stay: 11 days Hospital  
In this community 11 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perry 79  
(c) City or town: Rural Altenberg  
(d) Street No. ....  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME: Henry Jacob Schlimpert

3. (b) If veteran, name war: No 3. (c) Social Security No.: None

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: .....

7. Birth date of deceased: July 10 1858

8. AGE: Years 87 Months 7 Days 29 If less than one day hr. min.

9. Birthplace: Perry Co. Missouri

10. Usual occupation: Farmer

11. Industry or business: none

12. Name: Julius Schlimpert

13. Birthplace: Germany

14. Maiden name: Bertha Boehme

15. Birthplace: Germany

16. (a) Informant: Oscar Schlimpert

(b) Address: Altenberg Mo.

17. (a) Burial (b) Date thereof: 3-12-1946

(c) Place: burial or cremation: Altenberg Mo.

18. (a) Signature of funeral director: Young & Sons

(b) Address: Perryville Mo.  
19. (a) 3-13-1946 (b) C. C. Summers

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1946 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-25-46 to 3-9-46 that I last saw him alive on 3-9-46 and that death occurred on the date and hour stated above.

Immediate cause of death: Branch Pneumonia

Due to: Myocarditis, arteriosclerosis, Hemiplegia

Other conditions: Postobstructive Hypertrophy

Major findings: Of operations: Of autopsy: 938

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

(e) Means of injury .....

23. Signature: Paul P. ... (M. D. or other) MD

Address: Cape Gir. Mo. Date signed: 3-12-46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

District Health Officer No. 4  
District File Number 446-1932  
Date Filed 4-9-46

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Walter Young  
Licensed Embalmer No. 4027  
P. O. Address Perryville mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**